

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (Optional)

802-04RE

I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I am authorized to act on behalf of the following company: Lynx Therapeutics, Inc.

and the title of my position with said company is: Vice President Intellectual Property

The entire title to the patent identified below is vested in said company.

Name of Patentee(s):

Sydney Brenner

Patent Number

5,654,413

Date Patent Issued

August 5, 1997

Title of Invention

Compositions for Sorting Polynucleotides

I believe said patentee(s) to be the original, first and sole or joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled _____

Compositions for Sorting Polynucleotides

the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number ____ / _____
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

Attorney of record failed to claim inventive subject matter disclosed in patent comprising solid phase compositions having copies of the same polynucleotide attached.

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Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Docket Number (Optional)
802-04RE

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)	Registration Number
Stephen C. Macevicz	30,285
Peter J. Dehlinger	28,006

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

Type Customer Number here



Place Customer
Number Bar Code
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Stephen C. Macevicz Lynx Therapeutics, Inc.				
Address	25861 Industrial Blvd.				
Address					
City	Hayward	State	CA	ZIP	94545
Country	USA				
Telephone	510-670-9365	Fax	510-670-9302		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Stephen C. Macevicz

Full name of person signing (given name, family name)

Stephen C. Macevicz

Signature 	Date 2 August 1999
Residence Cupertino, California	Citizenship US

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